

Officeholder and Candidate  
Campaign Statement –  
Short Form

(Government Code Section 84206)

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SHORT FORM

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CITY OF LODI

CALIFORNIA  
FORM 470

For Official Use Only

1. Statement Covers Calendar Year 2009.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

LARRY D. HANSEN

STREET ADDRESS

2928 Applewood DR

CITY

Lodi, CA

AREA CODE/DAYTIME PHONE NUMBER

(209) 747-6333

STATE

ZIP CODE

95242

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Lodi City Council member

JURISDICTION (LOCATION)

City of Lodi

DISTRICT NUMBER  
(IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER

COMMITTEE ADDRESS

NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

2/1/2010

DATE

By

Larry D. Hansen

SIGNATURE OF OFFICEHOLDER OR CANDIDATE